

STU Fitness Nutrition Starter Questionnaire

- Name
- Email
- Telephone number
- Age
- Height
- Current Weight

Why did you choose the STU Fitness nutrition programme?

How healthy do you currently feel? Scale of 1-10

Why do you want to improve your diet?

How would you currently rate your nutrition knowledge 1-10?

Please start your food preferences, likes and dislikes

Are you currently taking any supplements or medication?
If yes, what?

Do you have any Allergies / intolerance?
Please state

Do you binge eat? If so, when in the day? What foods?

Do you get cravings? If so, for what? And when in the day?

Are you on a budget with your food shopping list?

How many portions of fruit and vegetables do you currently consume a day?

How many glasses of water do you drink per day?

What eating habits would you like to change?

Do you enjoy cooking?

Do you have time to cook family dinners/ batch cook food?

What are your personal goals with nutrition within the next
Week

Month

Year